

## FORM E MALPRACTICE QUESTIONNAIRE

**INSTRUCTIONS:** Complete, sign, and date the Malpractice Questionnaire. **This form must be completed for each case: 1) you have been named as a defendant; from which you have been dismissed; and which is pending, and accompanied by the appropriate documentation from the courts and mailed to the Board.** Do not take shortcuts on documenting malpractice. You must give a detailed summary of your actual involvement in the treatment of the patient. Failure to do so can result in delays in the processing of your application. Summaries by you attorney or your insurance company are not accepted in lieu of this documentation. The Board requires a copy of the Plaintiff's Complaint, and either the Settlement Agreement, Dismissal Order or Summary Judgment. Copies can be your own, or obtained either from your attorney or county clerk's office and must be 8-1/2 by 11 in size. Do not submit two-sided copies.

Full Name of Physician

Business Telephone Number

Address

City

State

Zip Code

☐ **None; if none, please complete information above, sign, date and return the form to be included in your file.**

Name of Patient:

Last Name

First Name

Middle Name

Age of Patient \_\_\_\_\_ Years

Date of Occurrence: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Incident:

Site

Address

City

County

State

Zip

Position in Case: ☐ Intern ☐ Resident ☐ Primary Physician ☐ Other:

Filed Against: ☐ Individual Physician ☐ Group ☐ Hospital

List Names of Other  
Physicians/Hospitals:

Attach to this document a detailed, typewritten summary of the circumstances surrounding the incident and your involvement in your own words. Do not reference other documents – include them with the summary. Even if the incident occurred while you were an intern or resident, a summary must accompany this form.

Disposition: ☐ Pending ☐ Settled ☐ Dismissed

If settled, provide the following information: ☐ In Court ☐ Out of Court Date of settlement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Amount of Settlement: \$\_\_\_\_\_ Amount Attributable to you: \$\_\_\_\_\_

Signature

Date